Name in Full: Infant no name

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Salisbury — County: Wicomico

Date of death: 1904 — Month: Feb — Day: 11 — Age: Years: — Months: — Days: 4

Sex: male — Color or Race: White — Birthplace: Salisbury Md

Occupation: — Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Joseph S Adkins — Father's Birthplace: Md

Mother's Maiden Name: Nellie L Disharoon — Mother's Birthplace: Md

Name of person giving information: Joseph S Adkins — How related to deceased: Father

CAUSES OF DEATH

Primary: — How long:

Immediate: Spasms — How long: 11

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D C Holloway & Co

Address: Salisbury Md

Undertakers

Accident or Suicide? no

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Geo. Thos. Barnes

Died at Town: Adlum County: Pike MARYLAND

Date 1904 Month: 2 Day: 17 | Age Y.: 5 M.: 7 D.: | Native of Md. | Occupation Farmer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 6

Husband of ~~Wife~~ Annie E. Barnes

Father's Name David Barnes | Mother's Maiden Name Barnes

Cause of Death: Primary La Grippe; Immediate Heart disease | How long sick 8 or 10 days

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by J. D. T. Lang

Address Adlum Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Charles H Brewington

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury; County: Wicomico

Date of death: Month: Oct; Day: 13; 1904

Age: Years: 63; Months; Days

Sex: Male

Color or Race: Black

Birthplace: Md

Occupation: Laborer

Where Residing if not at place of death:

Married, Single or Widowed: Widower

Name of Wife or Husband:

Father's Name: Moses Parker

Father's Birthplace: Md

Mother's Maiden Name: Leah Brewington

Mother's Birthplace: Md

Name of person giving information: Charley Brewington

How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis

How long: a few months

Immediate: Exhaustion

How long: a few days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C M Humphreys

Address: 105 Broad St

Salisbury Md

Accident or Suicide? No

LIBRARY BUREAU A6510

Name in Full: Selby Dykes

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died — Town: Near Salisbury — County: Wicomico

Date of death: Month: Feby — Day: 19 — Years: 88 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: Wheelwright — Where Residing at place of death: Daughter's

Married, Single or Widowed: Widower — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Family — How related to deceased

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age — How long: several years

Immediate: Infirmities of Age — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. M. Stevens

Address: Salisbury, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Willie L. Elzey

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Rockawalking — County: Wicomico

Date of death 1904: Month: Feb. — Day: 20

Age: Years: — Months: 2 — Days: 20

Sex: Male — Color or Race: Negro — Birthplace: Rockawalkin

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Charles W. Elzey — Father's Birthplace: Maryland

Mother's Maiden Name: Georgie Darkill — Mother's Birthplace: Maryland

Name of person giving information: Charles W. Elzey — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

~~Primary~~ There was no Doctor to see him — How long

Immediate supposed to be croup — How long a few days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of ~~Physician~~ Geo. L. Hill

Address: Undertaker, Salisbury Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Carlie Johnson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Near Mardela — County: Wicomico

Date of death 1904 — Month: 2 — Day: 26 — Age — Years: 30 — Months: — Days: 20

Sex: Female — Color or Race: Black — Birthplace: Md

Occupation: House Wife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or ~~Husband~~: Rubus Johnson

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: Rubus Johnson — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Debility — How long: 3 months

Immediate: Exhaustion — How long: 2 Hours

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Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. L. Bradford

Address: Mardela Md

Accident or Suicide?

LIBRARY BUREAU A33616

Name in Full

Certificate of Death

Joseph S Hearn

Died at Town: near Quantico County: Wicomico MARYLAND

Date 1904 Month: Feb Day: 8	Age Y.: 6 M.: D.:	Native of: Quantico	Occupation: District

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | Divorced ~~Number of children~~ living

~~Husband~~ of ~~Wife~~

Father's Name: Joseph S Hearn

Mother's Maiden Name: Elizabeth Gordy

Cause of Death — Primary: Catarrh Fever — How long sick: 2 weeks

Immediate: Spasms

Accident, ~~Suicide, Homicide~~

Reported by: Wm H H Dashiell M.D.

Address: Quantico Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name In Full

Certificate of Death

Noah T. Hearn

Died at Town: Quantico County: Wicomico MARYLAND

Date 1904 Month: Feb Day: 2 | Age Y. 66 M. D. | Native of Quantico | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife 0 0 0

Father's Name Ichabod Hearn | Mother's Maiden Name Mary Harris

Cause of Death: Primary Typhoid Fever | How long sick over a year

Immediate Paralysis

Accident, Suicide, ~~Homicide~~

Reported by Wm. H. Dashiell M. D.

Address Quantico Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Name in Full: Rinaldo Mills

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury; County: Wicomico

Date of death 1904: Month: Feb; Day: 4; Age: Years: 62; Months: 10; Days: 13

Sex: Male; Color or Race: White; Birthplace: Md

Occupation: Teamster; Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~: Married; Name of Wife or ~~Husband~~: Hester Mills

Father's Name: William Mills; Father's Birthplace: Md

Mother's Maiden Name: Annie Bailey; Mother's Birthplace: Md

Name of person giving information: Hester Mills; How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Failure; How long:

Immediate: 11; How long: 11

Are the name, age, sex, color, date and place correctly given above? So far as me know

Signature of Physician: D. C. Holloway & Co

Address: Salisbury Md

Accident or Suicide? no

Undertakers Own

LIBRARY BUREAU A6381G

We were Told that he had been
to the Hospital here only a short
while ago but the Dr did not
Sign this card saying that he
had not been in for some
time but the Dr said his
trouble was Hart Disease

D C Hallam & Co

Name In Full

Certificate of Death

Mary Overton

Died at Town Quantico County Wicomico MARYLAND

Date 19 04 Month Feb Day 19 | Age Y. 11 M. D. | Native of Quantico District | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

~~Husband~~ of ~~Wife~~

Father's Name John Overton | Mother's Maiden Name Effie Gordy

Cause of Death: Primary Catarrh Fever 5 5 | How long sick 2 weeks

Immediate Diarhoea | ~~Accident, Suicide, Homicide~~

Reported by Wm H Dashiell M D.

Address Quantico Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Marlin Tilghman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury. County: Wicomico

Date of death: Month: X Day: 27 — Age: Years: 16 Months: Days:

Sex: Male. Color or Race: White. Birthplace: Somerset Co. Md.

Occupation: School-boy. Where Residing if not at place of death: Rehoboth, Md.

Married, Single or Widowed: Single. Name of Wife or Husband:

Father's Name: Joseph W. Tilghman. Father's Birthplace: Somerset Co. Md.

Mother's Maiden Name: Catharine Cluff. Mother's Birthplace: Somerset Co. Md.

Name of person giving information: J. R. Tilghman. How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute appendicitis 118. How long: 5 days

Immediate: General peritonitis. How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes so far as I know

Signature of Physician: [illegible]

Address: Salisbury, Md.

Accident or Suicide?

LIBRARY BUREAU ABC816

Name in Full: John T. West

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury — County: Wicomico

Date of death 1904: Month: Feb. — Day: 28 — Age: Years: 46 — Months — Days

Sex: Male — Color or Race: White — Birthplace

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife or Husband: Annie J. West

Father's Name: Cornelous West — Father's Birthplace: Del

Mother's Maiden Name: Elizabeth Collins — Mother's Birthplace: "

Name of person giving information: Charles D. West — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Run over by farm wagon, ribs broken and intestines severely crushed; intestinal obstruction — How long: 4 1/2 days

Immediate: Collapse under ether — How long: Immediate

Are the name, age, sex, color, date and place correctly given above? So far as I know

Signature of Physician: Dr. McDirk

Address: Salisbury, Md.

Accident or Suicide? Accident

LIBRARY BUREAU A8351a